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FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9305

To: Examiner M. Le
Group Art Unit 2167, USPTO

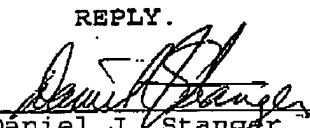
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 10/678,065
Attorney Docket No.: ASA-927-02

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL; AND
REPLY.


Daniel J. Stanger
Reg. No. 32,846

January 21, 2005

Date

Total Number of Pages (including cover sheet): 15

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FORM PTO-1083

PATENT

Case Docket No. ASA-927-02

In RE application of Y. INABA et al.

Serial No.: 10/678,065

Group Art Unit: 2167

Filed: October 6, 2003

Examiner: M. LE

For: METHOD AND SYSTEM FOR RETRIEVING A DOCUMENT AND COMPUTER
READABLE STORAGE MEDIUMRECEIVED
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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.☒ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total	* 11	Minus	** 21	= 0
Indep.	* 3	Minus	*** 3	= 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A
SMALL ENTITY

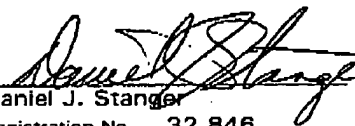
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

- * if the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** if the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, write '20' in this space.
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 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.☐ A check in the amount of \$ _____ is attached in payment of:☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.☒ Any patent application processing fees under 37 CFR 1.17.☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.MATTINGLY, STANGER & MALUR, P.C.
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
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By:


 Daniel J. Stanger
 Registration No. 32,846
 Attorney for Applicant(s)

Date: January 21, 2005

JAN-21-05

04:45PM

FROM- MATTINGLY, STANGER & MALUR, P.C.

+ 703 684 1157

T-973

P.003/015

F-200

ASA-927-02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Y. INABA et al

Serial No. 10/678,065

Group Art Unit: 2167

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For: METHOD AND SYSTEM FOR
RETRIEVING A DOCUMENT AND
COMPUTER READABLE STORAGE MEDIUM

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REPLY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

January 21, 2005

Sir:

In Reply to the Office Action mailed October 20, 2004,
please amend the above application as set forth below.